

#### 2009 PRI Fall Conference

**Georgia Department of Driver Services** 

**September 10-11, 2009** 



# **Regulatory Compliance Division**

Mr. Mike Mitchell

Page 2 June 25, 2009



# **Regulatory Compliance Division Mission Statement**

The Regulatory Compliance Division of the Department of Driver Services will positively impact the public's safety by facilitating the education of Georgia Drivers. The Division will provide regulatory and support services for all state-certified driver safety programs in a professional, customer-focused, and timely manner.

nge 3 June 25, 2009

#### Regulatory Compliance Division Management Team



- Mike Mitchell, Division Director
- Kecia Bivins, Regulatory Manager
- Jodie L. McLeod, Compliance Manager

Page 4 June 25, 2009

## Regulatory Compliance Division Program Administration Staff



#### **Administrative Assistant**

Mistie Odum modum@dds.ga.gov 678-413-8745

#### **Program Assistants**

Elizabeth Nelson enelson@dds.ga.gov 678-413-8536 Teresa Galbreath tgalbreath@dds.ga.gov 678-413-8474

Page 5 June 25, 2009

### Regulatory Compliance Division Program Administration Staff



#### **Operations Analysts**

Nancy Glaze nglaze@dds.ga.gov 678-413-8732

Lynne Swaney Iswaney@dds.ga.gov 678-413-8859

Ealy Barfield @dds.ga.gov 678.413.8827

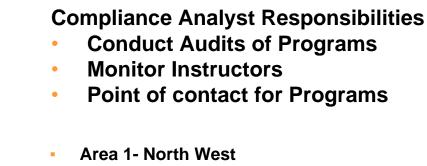
Roy Wilcox rwilcox@dds.ga.gov 678.413.8747 Janice Raiford jraiford@dds.ga.gov 678-413-8746

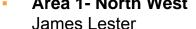
Erica Johnson ejohnson@dds.ga.gov 678-413-8803

Lucy Thorne lthorne@dds.ga.gov 678.413.8533

Page 6 June 25, 2009

#### **Field Operations Staff**

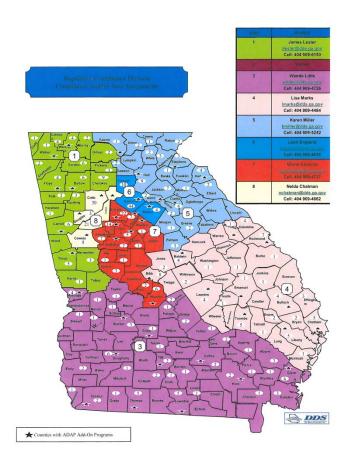




Area 2 - West Central GA Vacant

Georgia

- Area 3- South Wanda Little
- Area 4 South East Lisa Marks
- Area 5 North East Karen Miller
- Area 6 North Metro Leah England
- Area 7 South Metro **Gloria Cousins**
- Area 8 North West Metro Nelda Chatman



Page 7 June 25, 2009



# **Update on New DUI Rules**

Mr. Mike Mitchell

Page 8 June 25, 2009



#### **Update on New DUI Rules**

- Creates a 4-year certification period for Program Owners.
- Requires persons applying to become a Program owner, director, or instructor that are not U.S. citizens provide documentation that they are legally present in the U.S.
- Modifies minimum educational requirements for instructors to allow schools greater flexibility in selecting employees.
- Creates a 90-day Temporary certification for Program Directors and Instructors.
- Creates a provision whereby DDS can use fingerprints results from another DDS regulated program, if the results were within the previous 6 months.
- Allows for the transition from paper-based reporting to electronic reporting.
- Reduces minimum square footage requirement for classrooms from 400 square feet to 250 square feet.

Page 9 June 25, 2009



#### **Update on New DUI Rules**

- Gives Program owners the option of charging a fee for an Assessment transfer, up to a maximum of \$25.00.
- Gives Program owners the option of charging a fee for a replacement certificate of completion, up to a maximum of \$20.00.
- Reduces mandatory minimum office hours requirement from 30 hours per week to 15 hours per week.
- Reduces CEUs for Program directors from 40 hours every 4 years to 16 hours. Reduces CEUs for instructors from 40 hours every 4 years to 32 hours.
- Amends provisions related to satellite locations to allow multiple satellite programs to operate within the same county.

Page 10 June 25, 2009

# Georgia

#### **DUI Assessment Fees and Rebates**

- The Assessment fee and the portion thereof that must be remitted to DDS monthly was amended during the 2009 Legislative Session and became effective on July 1, 2009.
- Effective July 1, 2009, the cost of an Assessment increased to \$82. The portion thereof that must be remitted to DDS on a monthly basis increased to \$22 per student or offender.
- Assessment Fees and Assessment Rosters should be sent to the attention of:

Attention: Accounting
Georgia Department of Driver Services
2206 East View Parkway
Conyers, Georgia 30013

- Delete the FACS # from the checks/rosters, and begin using the schools' certification/ID #
- Letters regarding late Assessment fees and/or rosters are sent on the 15th of the month that these items are due.
- If the late Assessment fees and/or rosters are not received by the first day of the following month, administrative fines may be assessed.

Page 11 June 25, 2009



#### **Applicant Fingerprinting**

- Effective January 1, 2009, the Georgia Bureau of Investigation no longer accepts or processes inked fingerprints (cards) for non-criminal justice applicant background investigations.
- Applicants that are interested in becoming a program owner, director, instructor, or third-party tester must submit fingerprints electronically.
- DDS is currently utilizing the Georgia Applicant Processing System (GAPS): <a href="http://www.ga.cogentid.com/index.htm">http://www.ga.cogentid.com/index.htm</a>
- Information related to the GAPS process is posted on the DDS website, <u>www.dds.ga.gov</u>, and on RCD applications.
- Effective July 1, 2009, GAPS fee for a Georgia only search increased to \$33.65. The GAPS fee for a Georgia and FBI search increased to \$52.90.

Page 12 June 25, 2009



#### **DDS Lockbox for Mail-in Reinstatements**

 Please be advised that Customers that desire to reinstate their driver's license by mail should mail their reinstatement materials and fee to the following address:

Georgia Department of Driver Services P.O. Box 80447 Conyers, Georgia 30013

 The following address, which is listed on some DUI and DDC certificates of completion, is no longer used for mail-in reinstatements:

P.O. Box 105182 Atlanta, GA 30348

Page 13 June 25, 2009



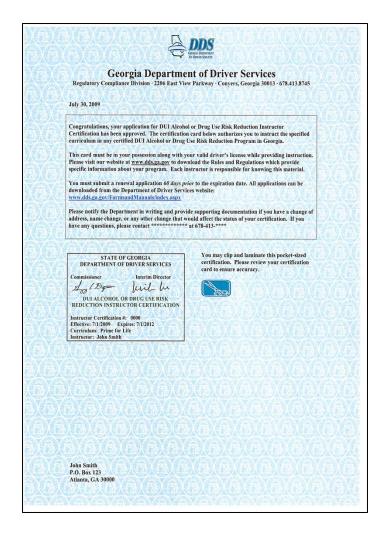
### **New and Improved Certifications**

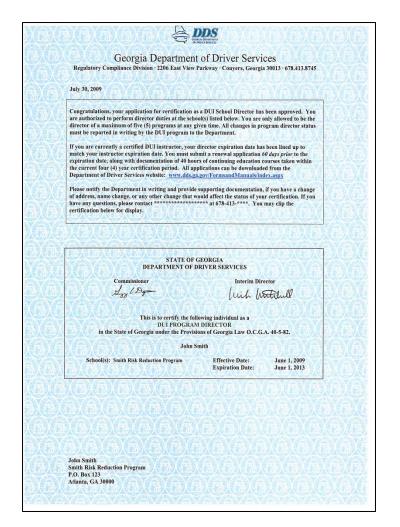
Ms. Kecia Bivins

Page 14 June 25, 2009

#### **Instructor and Director Certifications**







Page 15 June 25, 2009

#### **Program Certification**





#### Georgia Department of Driver Services

Regulatory Compliance Division · 2206 East View Parkway · Conyers, Georgia 30013 · 678.413.8745

Date

Congratulations, your application for DUI Alcohol or Drug Use Risk Reduction Program Certification has been approved. The certification card below must be prominently displayed in the school at all times.

You are required to be familiar with and follow the Rules and Regulations of the program which can be found on the Department's website: <a href="https://www.dds.ga.gov/rules/index.aspx">https://www.dds.ga.gov/rules/index.aspx</a>. You should also download the Operations Guidelines which contain important information and forms pertaining to the daily operation of the program. They can be found at: <a href="https://www.dds.ga.gov/FormsandManuals/index.aspx">www.dds.ga.gov/FormsandManuals/index.aspx</a>.

#### STATE OF GEORGIA DEPARTMENT OF DRIVER SERVICES

Ly De

Director

This certifies the following entity to operate a

DUI ALCOHOL OR DRUG USE RISK REDUCTION PROGRAM
in the State of Georgia under the Provisions of Georgia Law O.C.G.A § 40-5-80

John Smith's Risk Reduction Program

Program Certification No.: RRP 5555

Office Location: 1234 Main Street Atlanta, Georgia 30000 Classroom Location: 1234 Main Street Atlanta, Georgia 30000

Curriculum: Prime for Life

Effective Date: September 1, 2009

Expiration Date: September 1, 2013

Maximum Class Size: 30

John Smith's Risk Reduction Program 1234 Main Street Atlanta, GA 30000

Page 16 June 25, 2009

### **Vehicle Registration Cards**



	DDS GOKAL DIVERNOT	
	Georgia Department of Driver Services pliance Division · 2206 East View Parkway · Conyers, Georgia 30013 · 678.413.8745	
July 30, 2009		
	Chizenizenizenizenizen zen zen zen zen zen zen zen zen zen	
Card below indica	your Driver Training School vehicle has been approved. The Vehicle Registration ates the vehicle has been authorized to operate as a Driver Training School vehicle orgia for the driver training school or school system identified below.	
as part of your sel	ion Cards are valid for one (1) year or as indicated below. Operation of this vehicle hool's driver training program is contingent upon your compliance with current rds and is subject to being revoked, suspended, or cancelled.	
visit our website a	stration Card must be displayed conspicuously inside the vehicle at all times. Please at <a href="https://www.dds.ga.gov">www.dds.ga.gov</a> to download the Rules and Regulations which provide specific tyour program. Each Program owner and/or instructor is responsible for knowing	
and to the and the second	red for actual behind-the-wheel instruction shall be seven (7) years old or less.	
V SV SV	navavavavavavavava	
	STATE OF GEORGIA DEPARTMENT OF DRIVER SERVICES	
DT00-0001		
DT00-0001  This is to certifold didress:	DEPARTMENT OF DRIVER SERVICES	
This is to certify Address: has been registen	DEPARTMENT OF DRIVER SERVICES	
This is to certif	DEPARTMENT OF DRIVER SERVICES	
This is to certif Address: has been registen to operate:	DEPARTMENT OF DRIVER SERVICES	
This is to certif Address: has been register to operate: As a Driver T Law O.C.G.A	DEPARTMENT OF DRIVER SERVICES	
This is to certif Address: has been register to operate: As a Driver T Law O.C.G.A	DEPARTMENT OF DRIVER SERVICES	
This is to certif Address: has been register to operate: As a Driver T Law O.C.G.A	DEPARTMENT OF DRIVER SERVICES   Effective Date: 07/01/2009   Expiration Date: 07/01/2010	
This is to certif Address: has been ragistent to operate: As a Driver T Law O.C.G.A INWITNESS WI	DEPARTMENT OF DRIVER SERVICES Effective Date: 07/01/2009 Expiration Date: 07/01/2010  DRIVER TRAINING SCHOOL VEHICLE REGISTRATION 5: Sample Driver Training School, Inc. 123 Main Street, Atlanta, GA 30000 ed 2007 Ford Focus 0G2ZG57N684200000  Year Make Model Vehicle Identification No.  Training School vehicle in the State of Georgia under the Provisions of Georgia A, § 43-13-1.  EREROF The Department of Driver Services has caused this certification to be issued this 30th day of July 2009  entification must be visibly displayed in the driver training vehicle described above.	
This is to certif Address: has been ragistent to operate: As a Driver T Law O.C.G.A INWITNESS WI	DEPARTMENT OF DRIVER SERVICES  Effective Date:	

Page 17 June 25, 2009



### **New and Improved Applications**

Ms. Kecia Bivins

Page 18 June 25, 2009



	DUI Alcohol o	or Drug Use Risk Reduction P.	rogram Instructor Checklist			
	PLEASE R.	READ CAREFULLY, AS THE APPLICATION H.	AS BEEN RECENTLY REVISED			
	All applicants must sign the Statement of Completion at the bottom of this page and include with the application. All applicants are required to complete all sections of the application. All applicants must undergo a fingerprint-based background check as designated by the Department of Driver Services. Instructions will be forthcoming after the application is received. All applicants must submit a notarized Consent for Background Investigation Form. (Form # RC-900) Submit (1) photograph taken within 30 days of application submission. If you have been licensed in a state (or states) other than Georgia in the past five (5) years, you must obtain and submit a Motor Vehicle Report (MVR) from each state in which you were licensed. Submit a copy of your high school diploma, GED equivalent or official college transcript. Submit documentation of relevant work experience on company letterhead, signed by a person of authority. The documentation must include dates worked, duties performed, subjects or programs taught and hours per week worked. Relevant work experience must include the following:					
		or graduate degree from an accredited college or un				
		legree in any field of study from an accredited insti of teaching, counseling or training experience or th	itution, and two years of work experience (20 hours hree years part-time training experience; or			
		of full-time work experience as a licensed, certified, experience in group counseling or group facilitation				
	Review the upcoming tr (www.dds.ga.gov).	raining dates and application deadlines on the DDS	website under the Forms and Manuals section			
		STATEMENT OF COMPLET	<u>FION</u>			
abov		olication includes <u>all</u> documents which are requi incomplete application or application lacking th sed.				
		STATEMENT OF ACKNOWLED	GEMENT			
		and application submission deadlines. Furthern	day of training. I have checked the DDS website			
train for u rejec	pcoming training dates : ted if it is submitted out	vill be denied and I must reapply.				
train for u rejec unde	pcoming training dates : ted if it is submitted out		Date			
train for u rejec unde	pcoming training dates ted if it is submitted out erstand my application w	vill be denied and I must reapply.	ng documents to: ervices Vivision			

Page 19 June 25, 2009



Last Name	First Name	Middle Name	Suffix	
Date of Birth	Driver's License #	State of Issuance	Social Security #	,
Home Address	City	County	State	Zip Code
Mailing Address Same as above	City	County	State	Zip Code
Home Phone Number	Cell Phone Nun	ber	Work Phone Nur	nber
1.1 Have you been fingerprinted vimprovement)?  Yes No  1.1.1 If you answered "Y fingerprinted and the	es" to question 1.1, indicate in the			were
Program(s)			Date(s)	
1.2 Are you currently, or have you Georgia?	u ever been, certified by DDS as	a risk reduction program owner	, director or instructor	n the state of
Yes No				
	es" to question 1.2, list your cert	ification number or the program	name(s):	
1.2.1 If you answered "You ans		a driver improvement or driver		uctor, or an
1.2.1 If you answered "You currently, or have you ignition interlock operator, or Yes \square No	u ever been, certified by DDS as	a driver improvement or driver ADAP) instructor?	training owner or instru	uctor, or an
1.2.1 If you answered "You currently, or have you ignition interlock operator, or Yes \square No	u ever been, certified by DDS as an alcohol and drug awareness ( es" to question 1.3, indicate you	a driver improvement or driver ADAP) instructor? certification type(s) and certifi	training owner or instruction number(s):	uctor, or an
1.2.1 If you answered "You ignition interlock operator, or Yes No  1.3.1 If you answered "You ignition interlock operator, or Yes No  1.4.1 Have you ever been certified to Yes No  1.4.1 If you answered "You ignite ignition interlock operator, or Yes No	u ever been, certified by DDS as an alcohol and drug awareness ( es" to question 1.3, indicate you	a driver improvement or driver ADAP) instructor? certification type(s) and certifi	training owner or instruction number(s):	

Page 20 June 25, 2009





#### SECTION 2: Applicant Qualifications

- 2.1 Are you a United States citizen?
  - 2.1.1 If you answered "No" to question 2.1, are you legally present in the United States?

#### NOTE: Acceptable proof of citizenship or lawful presence may be required.

- 2.2. Are you currently employed with the Georgia Department of Driver Services, Georgia Department of Public Safety, or Georgia Department of Human Resources?
- 2.4 Are you currently employed as a judge, public or private probation officer, public or private probation employee or agent, bail bondsman, employee or agent of a bonding company, law enforcement or peace officer, or employee of a court in this or any other state?
  □ V<sub>w</sub> = □ N<sub>0</sub>
- 2.5 Do you have a spouse that is employed as a judge, public or private probation officer, public or private probation employee or agent, bail bondsman, employee or agent of a bonding company, law enforcement or peace officer, or employee of a court in this or any other state?
  \(\text{V} \text{ is } \text{N} \text{ No.}\)
- 2.6 Do you own, manage, or operate a private company that has contracted to provide probation services for misdemeanor cases in this or any other state?

  ☐ Yes ☐ No
- 2.7 Are you at least 21 years of age?

  ☐ Yes ☐ No

#### SECTION 3: Criminal History

- 3.1 Have you ever been convicted of or plead guilty or *noto contendere* to any crime which constitutes a felony in this or any other state?

  \[ \subsection \text{Yes} \subsection \text{No} \]
- 3.2 Have you been convicted of or plead guilty or nolo contendere to any misdemeanor involving fraud, dishonesty, or deceit within the ten (10) year period preceding the date of this application in this or any other state?

   \[
   \begin{array}{c}
   \text{T \text{S}}
   \]
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   \text{T \text{S}}
   \]
   \[
   \begin{array}{c}
   \text{T \text{S}}
   \]
   \[
   \text{No}
   \]
- 3.3 Have you been convicted of or plead guilty or nolo contendere to any other misdemeanor, including driving under the influence, within the five (5) year period preceding the date of this application in this or any other state?

  ☐ Yes ☐ No
- 3.4 Are you currently on probation for any criminal offense in this or any other state?

  ☐ Yes ☐ No

RC-RRP-200 (09/09)

Page 21 June 25, 2009



3.4.1 If you	answered "Yes" to	question 3.4, give t	he nature of probation in the ar	rea below.	
Offense		State ar	nd County		Date
Offense		State ar	nd County		Date
3.5 Are there any crir					
3.5.1 If you	answered "Yes" to	question 3.5, provid	de the nature of the charges be	low.	
Charge		State ar	nd County		Date
Charge		State ar	nd County		Date
dismissed, nolle p	rossed, or no-bille	ed. State and County	history for the previous ten (1	Date	Disposition
Offense		State and County	'	Date	Disposition
Offense		State and County	1	Date	Disposition
Offense		State and County	1	Date	Disposition
Offense		State and County	1	Date	Disposition
Yes No	answered "Yes" to	o question 3.7, attach	d in question 3.6 above? a copy of the pardon.		
SECTION 4:	possess a valid dri				
SECTION 4:  4.1 Do you currently  Yes No					
SECTION 4:  4.1 Do you currently  Yes No  4.2 In the area provid	ed below, list you	r driver's license info	ormation for the past five (5) y		
SECTION 4:  4.1 Do you currently  Yes No  4.2 In the area provid			ormation for the past five (5) y  Expiration Date	Years Licensed in Sta	
SECTION 4:  4.1 Do you currently  Yes No  4.2 In the area provid	ed below, list you	r driver's license info			
SECTION 4:  4.1 Do you currently  Yes No  4.2 In the area provid	ed below, list you	r driver's license info			

Page 22 June 25, 2009



		4.5, list the state(s) that revo	ked, suspended, cancelled,	or denied your driver's
State	Rea	son	Date	
4.6 In the space provided belo	ow, list your complet	e driver's history for the pre	vious five (5) years, includ	ing pleas of nolo contendere.
Offense	State r	and County	Date	Disposition
Offense	State a	and County	Date	Disposition
Offense	State #	and County	Date	Disposition
Offense				
4.7 Are there any traffic charg Yes No 4.7.1 If you answered	ges currently pending	4.7, provide the nature of the	Date charges below.	Disposition
4.7 Are there any traffic charg  Yes No  4.7.1 If you answered	ges currently pending	g against you?  4.7, provide the nature of the		Date
4.7 Are there any traffic charg Yes No 4.7.1 If you answered	ges currently pending	g against you?  4.7, provide the nature of the  State and County  State and County		
4.7 Are there any traffic charge  4.7.1 If you answere  Tharge  SECTION 5: Educate	ges currently pending d "Yes" to question	g against you?  4.7, provide the nature of the State and County  State and County		Date Date
4.7 Are there any traffic charge  4.7.1 If you answere  Tharge  SECTION 5: Educate	ges currently pending	g against you?  4.7, provide the nature of the  State and County  State and County	charges below.	Date
4.7 Are there any traffic charge  4.7.1 If you answered  Tharge  SECTION 5: Education  Name of High School	ges currently pending d "Yes" to question	g against you? 4.7, provide the nature of the State and County State and County  Diploma Obtained	GED	Date Date
4.7 Are there any traffic charge  4.7.1 If you answered  Tharge  SECTION 5: Education  Name of High School	ges currently pending d "Yes" to question  tional Experience  City/State	g against you?  4.7, provide the nature of the State and County  State and County  Diploma Obtained  Yes No	GED Yes Not applicable	Date Date Date Obtained
4.7 Are there any traffic charge  4.7.1 If you answered  Tharge	ges currently pending d "Yes" to question  tional Experience  City/State	g against you?  4.7, provide the nature of the State and County  State and County  State and County  Diploma Obtained  Yes No  Degree Obtained	GED Yes Not applicable	Date Date Date Obtained

Page 23 June 25, 2009



Greekes Repursions Or Dentes Services		
SECTION 6: Applic	ant Affirmation	
Under penalty of law, I do h	ereby swear or affirm that all the	information that I have provided herein is complete and accurate.
program components. Reco		m records including, but not limited to: assessment results and other all not be released without the written consent of the student, except st.
I will refrain from abusing a	lcohol or other drugs, and from u	sing illegal drugs.
I will maintain all reports an	d information as specified in the	DDS rules and regulations and operations guidelines.
I understand that DDS will li	ist my name and address as publi	e record.
certification. I understand t		n necessary for the determination of my application for instructor lonly for the purpose of processing my application. Photocopies of quested information.
I understand that to knowing my application, the cancella	igly make a false statement or cotion of my certification (if appli	onceal a material fact in this application will result in the denial of cable), and criminal charges being brought against me.
		Date
Sworn to and subscribed bef		
Sworn to and subscribed bef	ore me	Date (SEAL)
Sworn to and subscribed bef		
Legal Signature  Sworn to and subscribed bef thisday of  Notary		
Sworn to and subscribed bef		
Sworn to and subscribed bef		
Sworn to and subscribed bef		
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Sworn to and subscribed bef		
Sworn to and subscribed bef		
Sworn to and subscribed bef		

Page 24 June 25, 2009

## **Consent for Background**



Regulatory Complia	Georgia Department of Dance Division, 2206 East		yers, GA 30013
	NT FOR BACKGROU		
OFFICE USE ONLY FILE NUMBER:	OFFICE USE ONLY DATE APPLICATION RECEIVED:	OFFICE USE ONL BACKGROUN DRIVER'S HIST P F	
OFFICE USE ONLY		CRIMINAL HIST	
	APPLICANT TYPE: (OFFICE	USE ONLY)	
□ DUI Risk Reduction	□ Owner	☐ Director	□ Instructor
☐ Driver Improvement	□ Owner	□ Instructor	
☐ Driver Training	□ Owner	□ Instructor	
☐ Third Party	□ Tester	☐ Examiner	
☐ Ignition Interlock ☐ Chauffeur	□ Owner/Operator		
ast Name	First Name	Middle	Date of Birth (MM/DD/YYYY)
			/ /
river's License Number (Include ALL zeros)	Issue date (Exam date)	State	Social Security Number
urrent Street Address		City and State	Zip Code
o you hold any other driver's license(s)?  Yes No	If so, list state(s) and license number(s)		Phone Number
ompany			Phone Number
		City and State	Zip Code
ddress		City and State	Zip Code
lave you been convicted of, plead guilty to, p hether felony or misdemeanor, in this state, to you have a charge(s) or court hearing pen you are now charged, under indictment, or h	in any other state, or in the federal syste ding, or are you under indictment or acc	m? usation for any crime?	□ Yes □ No
I hereby apply for Certification(s) to (DDS). I understand that my crimina the DDS to conduct whatever investifalse, misleading, or incomplete in cancellation, suspension, or revocat do hereby swear or affirm that the the	I history, driver's history, and le gations necessary to determine formation in my application or ion, as well as possible criminal information contained within the	gal presence will be che my eligibility to hold suct on this Consent Form r prosecution and civil act	cked. I hereby give consent for h a certificate. I understand that may result in certificate denial, tion. Under penalty of perjury, I
Signature	THIS CONSENT FORM MUST	BE NOTARIZED	Date
Signature Subscribed to and sworn before me		BE NOTARIZED	Date SEAL OR STAMP
		BE NOTARIZED	
Subscribed to and sworn before me	:	BE NOTARIZED	

Page 25 June 25, 2009



# **Ignition Interlock**

Ms. Kecia Bivins

Page 26 June 25, 2009

#### **Ignition Interlock Violation Report**



Interlock Provider:Certification #	
Certification #	
Address:	
Phone #:	
Contact Name:	
Date of Report:	
Customer Name:	Driver's License #:
Date of Birth:	Home Phone:
Address 1:	Work/Cell Phone:
Address 2:	
The following violation(s) has occurred:  The offender has tampered with t  The offender failed to report for r  Note: Results of monitoring (i.e. positive violations and need not be reported to the	nonitoring. e readings for alcohol) are not considered
The offender has tampered with t The offender failed to report for r  Note: Results of monitoring (i.e. positive violations and need not be reported to the	nonitoring. e readings for alcohol) are not considered e Department of Driver Services.
The offender has tampered with t The offender failed to report for r Note: Results of monitoring (i.e. positive violations and need not be reported to th Additional Comments:	nonitoring. e readings for alcohol) are not considered e Department of Driver Services.
The offender has tampered with t The offender failed to report for r  Note: Results of monitoring (i.e. positive violations and need not be reported to the	nonitoring. e readings for alcohol) are not considered e Department of Driver Services.
The offender has tampered with t The offender failed to report for I Note: Results of monitoring (i.e. positive violations and need not be reported to th Additional Comments:	nonitoring. e readings for alcohol) are not considered e Department of Driver Services.  Date  5) days of discovery. O.C.G.A. §42-8-
The offender has tampered with t The offender failed to report for I Note: Results of monitoring (i.e. positive violations and need not be reported to th Additional Comments:  Signature of Provider Official Violations must be reported within five (6)	nonitoring. e readings for alcohol) are not considered e Department of Driver Services.  Date  5) days of discovery. O.C.G.A. §42-8-
The offender has tampered with t The offender failed to report for r Note: Results of monitoring (i.e. positive violations and need not be reported to th Additional Comments:  Signature of Provider Official  Violations must be reported within five (the state of the	nonitoring.  e readings for alcohol) are not considered e Department of Driver Services.  Date  5) days of discovery. O.C.G.A. §42-8- il, fax, or email.  By Fax: Lynne Swaney
The offender has tampered with t The offender failed to report for I Note: Results of monitoring (i.e. positive violations and need not be reported to th Additional Comments:  Signature of Provider Official  Violations must be reported within five (in the state of	nonitoring. e readings for alcohol) are not considered e Department of Driver Services.  Date  5) days of discovery. O.C.G.A. §42-8- il, fax, or email.  By Fax:
The offender has tampered with t The offender failed to report for r Note: Results of monitoring (i.e. positive violations and need not be reported to th Additional Comments:  Signature of Provider Official  Violations must be reported within five (the state of the	nonitoring.  e readings for alcohol) are not considered e Department of Driver Services.  Date  5) days of discovery. O.C.G.A. §42-8- ill, fax, or email.  By Fax: Lynne Swaney Fax #: 678-413-8735
The offender has tampered with t The offender failed to report for r Note: Results of monitoring (i.e. positive violations and need not be reported to th Additional Comments:  Signature of Provider Official  Violations must be reported within five (1) 112(c). You may send this report via mail By Mail: Lynne Swaney Regulatory Compliance Division Georgia Department of Driver Services	nonitoring.  e readings for alcohol) are not considered e Department of Driver Services.  Date  5) days of discovery. O.C.G.A. §42-8- il, fax, or email.  By Fax: Lynne Swaney

Page 27 June 25, 2009



# **DDS Training**

Ms. Kecia Bivins

Page 28 June 25, 2009





- Third Party Testing Training
  - September 23<sup>rd</sup>
- Driver Training Instructor Training
  - 2<sup>nd</sup> and 4<sup>th</sup> Thursdays
- Ask DDS Day
  - August
- DUI New Instructor /Continuing Ed Training:
  - April
  - December

Page 29 June 25, 2009





- Thursday, October 22, 2009
- Thursday, November 19, 2009
- Friday, December 18, 2009
- Thursday, January 28, 2010

Page 30 June 25, 2009



## **Risk Based Auditing**

Ms. Jodie McLeod

Page 31 June 25, 2009

#### **Risk Based Auditing Methodology**



- Effective July 1, 2009
- All Risk Reduction, Driver Improvement, Driver Training, and Ignition Interlock programs will be audited annually.
- All Third-party Testing Programs will be audited once per quarter

Page 32 June 25, 2009

#### **Risk Based Auditing Methodology**

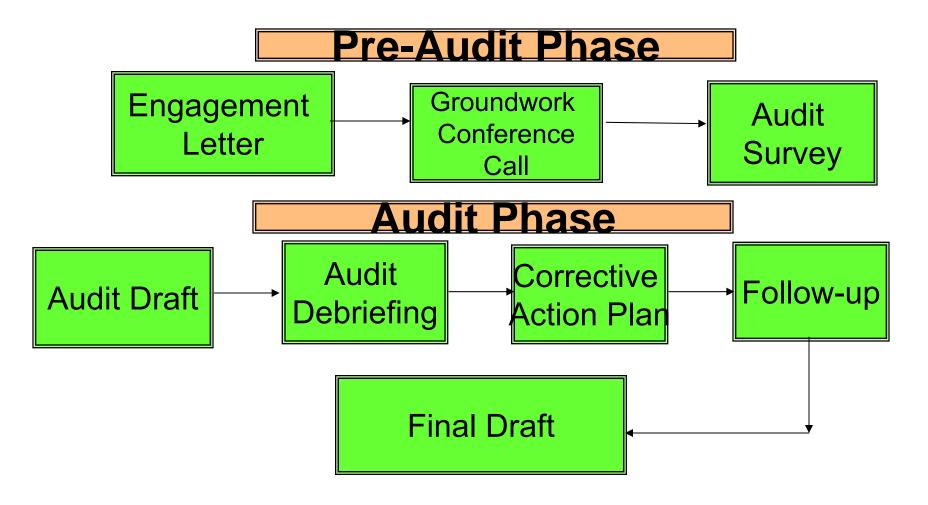


- Each annual audit will serve as a baseline in determining the following:
  - Whether follow-up audits are necessary prior to the next annual audit; and,
  - If follow-up audits are necessary, when/how often the followup audits should occur.
- Each finding will tied to an existing statute or administrative rule and categorized according to severity
  - Findings are categorized according to "Risk" into 3 categories: Category 1, 2, or 3.
  - Findings that can be resolved while the Compliance Analyst is onsite will be documented, but will not require a corrective action plan or follow-up audit.

Page 33 June 25, 2009



#### **Risk Based Auditing Process**



Page 34 June 25, 2009



#### **Audit Categories**

Category	Frequency of Follow-up Audits	Follow-up Schedule
1	30 days after implementation of the corrective action plan	Every 30 days until findings are corrected
2	3 months after implementation of the corrective action plan	Every 3 months until findings are corrected
3	6 months after the implementation of the corrective action plan	Every 6 months until findings are corrected

Page 35 June 25, 2009





(4 14E)	2206 East	View Parkway • P.O			DDS Commel Britannia	
		Regulated P	rogram Reviev	V		
Compliance Analyst:			Audit Date:			
Program Name: Program Email Address:			Web Site Address	Certification Number:		
Business Hours:			Owner/Director:			
			T SCORE			
PROGRAM Driver Training		Audit Category		Next Sche	duled Audit	
Follow Up Audit Only:	Have the deficie	encies noted during or corrected?	iginal audit been		Were there new deficiencies found?	
		COMPLIANCE A	UDIT INFORMATIO	N:		
Audit Period:		Thru		Date of Last Audit:		-
Total Students since Last Audit Certificate of Completion Numbers Certificate of Completion Numbers	Issued: on Hand:	Number of Records	Thru Thru Thru	arrent audit:	Thru Thru Thru	
Replacement Certificates on Ha	and:					
Voided Certificates of Completion:					Maximum Student Capa	city per
Facility Inspection:	0		0	Total Square Footage 0	measurements 0	250
Classroom Dimensions:	0	×	0	0	0	
	0	X Facility Maintained	0	0	0 Required	
Required Equipment on Site for conducting class:		and Customer ready:		Curriculum Used:	Books and Workbooks	
		producy.		Version:	Print Date:	1000
Comments:		DIWD/-I-D	teduction Only	version:	Print Date:	
Total Assessments Given: Total Curriculum Workbooks Ordered from Provider:		Total Assessments Pending: Total Curriculum Workbooks in stock:		Total Transfers going to a		
Rebate Fees Paid and Current:						
Road Skills Test Sheet (RC11)		Third Part	y Testing Only			
Voided Road Skills Test Sheet (RC11)						
			fication Information			
Instructor Name:	Certification Number:	Certification Expiration Date:	Inst	ructor Name:	Certification Number:	Certification Expiration Da
Pagarde for the		Program Compli	ance Audit Finding	s		
Records for the				ulations of the Department ent of Driver Services were		
		PATESTAL SERVICE				
	Deficiency			Violation of Rule Number	Violation Categor	y
A Corrective Action Plan for the deficiencie the	s noted above is r close of business	on the following date		ompliance Analyst prior to		
		Con	nments			
I acknowledge that I have received a copy of	the Department of	Driver Services Regul results of the audit ha	ated Program Com	pliance Audit completed by to me.	the DDS Compliance Analyst a	nd that the
Program Representative:				Date:		
riogram representative.						
DDS Compliance Analyst:				Date:		

Page 36 June 25, 2009

#### **Program Corrective Action Plan**



How to the How to	tive Action Plan must identify: ompliance with each rule violation will be achieved ame for completion/implementation of correction of each violation ontinued compliance will be maintained once achieved lated and signed by the licensed Owner or, the Risk Reduction Program Director
rogram Name	Certification number # County
Check one only:	☐ DUI Alcohol/Drug Risk Reduction ☐ Defensive Driving ☐ Driver Training ☐ Third Party Testing
Rule #	Description of violation:
Describe how continu	d compliance will be maintained:
Describe how continu	d compliance will be maintained:
Date Implemented: Signature of licensed Form will not be	Program Owner or Risk Reduction Program Director only:  Date:  Date:
Date Implemented: Signature of licensed Form will not be Corrective Action	Program Owner or Risk Reduction Program Director only:  Date:  Date:
Date Implemented: Signature of licensed Form will not be Corrective Action Please use p	rogram Owner or Risk Reduction Program Director only:    Date:

Page 37 June 25, 2009

#### **Program Monthly Accounting**

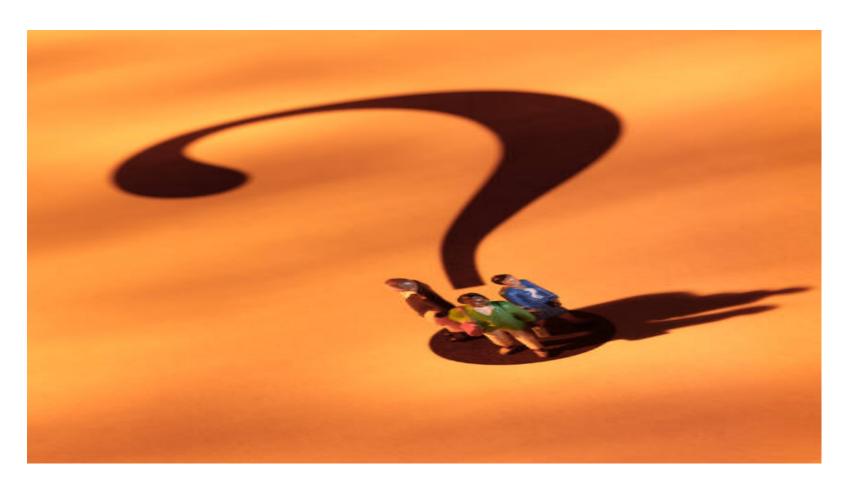


		220					er Services • Conyers, GA	30013	0	DDS
				Program		ly Accoun	ting Form			
					Dilverii	nprovemen				
Report Month:			Year:							
Program Name:									Program #	
Address:										
City, State, Zip Cod	e									
Telephone Number:				Email A	ddress (If	available)				
					Report	Period Data	1			
Number of classes										
Number of classes Scheduled Date of		ring repo	ort period:			Reaso	n for cancellation			
Total number of stud	lents attending	g class du					uring this perio	4		
In	structor Nam	ne .	IIISU		ertification		ling this perio	Date of Clas	ses Taught	
				Cert	ificate of	Completion	n Data			
Numbers of Certific	ates of Comp	pletion				-				
Issued: Numbers of unissue	ad Cartificate	or of				Thru				
Completion on han		:5 01				Thru				
o impretion on man						Thru				
						Thru				
			-			Thru Thru				
						Thru				
						Thru				
						Thru Thru				
						Thru				
Numbers of all v	oided certific	cates:							NO. NO. OF COLUMN	
						_				
					+	_				
							BOND OF THE			
					_					
_					-	-				
Number of R	eplacement	Certificat	es (DUI/RR	Only)						
		- 1	certify that	this informat	ion is true a	and correct to	the best of my kno	wledge.		
Signature of Perso	on Completing								Date:	
Please return th	e completed	form by	the 10th da		emailed, fa	exed or maile	d.	sion Staff person	listed below. Form	may be
	Offic	R e • 770.8	egulatory C 38.2546	Compliance I	Division • 5	odie L. McLeo 12 Old Newna ax • 770.838.	an Road . Carrollto	on, Georgia 30117 imcleod@dds.ga.	7 gov	

Page 38 June 25, 2009

#### **Questions**





Page 39 June 25, 2009

